EPC Travel and Expenses Claim

Name
Address
……

Use Code E-essential C-casual	Vehicle Registration	Cubic Capacity	*Office Use Rate/ Lump sum*

Date	Destination	Details	Miles	Parking	Fares	Miscellaneous - Specify	Amount

For Office Completion Only

Total Misc.	£
Total Fares	£
Total Parking	£
Total (Miles x Rate)	£
Lump Sum *(if applicable)*	£
TOTAL	0.00

I certify that:

(a) Where I have used the above motor vehicle(s) on official business my policy of motor insurance indemnifies the EPC against any third party claims arriving out of use of that vehicle.

(b) The particulars in this claim are correct and I have incurred expenditure additional to that which I would normally have incurred. I attach receipts where applicable.

(c) I understand that the mileage allowance is at the current Local Government mileage allowance rate.

Signed *(Claimant)*…….. *Date*…….. **Signed *(Budget Holder)*…….. *Date*……..**